REPORT TO: Health Policy and Performance Board

DATE: 17th September 2019

REPORTING OFFICER: Strategic Director – People

PORTFOLIO: Health and Wellbeing

SUBJECT: Community Connectors

WARD(S) Borough-wide

1.0 **PURPOSE OF THE REPORT**

1.1 To provide PPB with an evaluation of the Community Connectors pilot.

2.0 **RECOMMENDATION: That:**

i) The report be noted.

3.0 **SUPPORTING INFORMATION**

Background

3.1 Halton Community Connector pilot was a 12 month funded initiative which adopted the evidence based 'Local Area Coordination' approach to supporting people as valued citizens in their communities.

3.2 The approach is an assets/strength based approach which protects the individual's independence, resilience, ability to make choices and wellbeing utilising personal, social, community and environmental assets.

3.3 Supporting the person's strengths and using assets in the community can help address their needs (whether or not they are eligible) for support in a way that allows the person to lead, and be in control of, an ordinary and independent day-to-day life as much as possible. It may also help delay the development of further needs

3.4 Two Community Connectors were appointed to operate during 2018/19, primarily within identified 'super output areas' across Widnes and Runcorn, where there were high rates of multiple deprivation.

Community Connectors role

3.5 The key role of the connectors was to:

- Increase understanding of assents in the local community through community presence, working with stakeholders and research, and collating the information to be used in an accessible way by Care Management teams.
- Provide support to Care Management teams to increase their strengths based working and community asset awareness.
- Be community based in order to identify people with low level needs to help them find self-solutions, avoid escalation where possible and directing them to appropriate community based resources, rather than statutory or formal services, where this would better meet their needs. Where there was a need for contact with statutory or formal services, people were helped to navigate to access the most appropriate service at the right time.

3.6 The coordinators adopted a strengths based conversation approach with people, which focused on personal interests strengths, self-management and community assets. Support was not time bound and could involve regular (weekly) case work, or one off interventions.

Outcomes

Helping people identify what a 'good life' means for them, and how they can achieve it.

3.7 Community Connectors reached 82 individuals. 55 local residents received information and advice to connect to appropriate community resources. Twenty two individuals did not meet eligibility criteria for formal services at that time, but required support to avoid escalation of problems, receiving on going case support from a Community Connector.

Capacity building – Employment, Education and Civic Contributions

3.8 Community Connectors used a strengths / asset based approach to help people to identify their skills, talents and networks and build on these to achieve their outcomes.

- 26 individuals supported into voluntary work to reduce their social isolation
- 2 individuals supported into paid employment
- 10 individuals supported into training, adult learning or education.
- 10 community champions were made. These were people who worked with the connectors to understood what assets were available in their community and equipped them to be able to talk to people within their own community about

making connections to these community assets.

Utilising natural/existing support

3.9 Community Connectors assisted people to gain in confidence in accessing their local community and knowledge of how utilise community resources and gain connections to others creating natural support; increasing resilience and reducing risk of future crisis.

- 26 connections to social activities and community groups to alleviate social isolation
- 18 connections to services such as the library, direct link and leisure centres
- 14 individuals connected to sports activities or weight management courses to improve their fitness and tackle obesity related illnesses
- 14 individuals connected to a support group around a specific issue, which provided natural support in their community
- 7 individuals travel trained, allowing them to access their community independently, reducing social isolation

3.10 Using the WEMWBS wellbeing questionnaire, evaluation of the impact of engaging with the community connectors was undertaken. 100% of participants reported positive outcomes from engaging with the service, ranging from increased confidence in accessing community assets independently, increased knowledge about what was available in their community to meet their needs and improved wellbeing from engaging with the connectors.

3.11 In the final few months of the initiative, the connectors worked intensively with a smaller cohort of people who were already engaged with social services, where it was appropriate to identify community alternatives to better meet their needs and personal outcomes. Case study in appendix 1.

Links with Care Management

3.12 An important part of the Community Connectors role was to support Care Management teams in facilitating the strengths and asset based and prevention approach, as part of wider work to address demand management within adult social care.

3.13 A regular presence within teams, attendance at team meetings and service launch at the adult social care service development day supported supported relationship building with care management.

3.14 The connectors worked to educated teams about what community based resources are available, supported by their development of an interactive community asset map.

3.15 Of respondents to a staff survey within the care management teams

- 87% of respondents agreed or greed strongly that input from the Community Connectors team has improved their local knowledge of community assists groups, services and activities.

- 69% or respondents agreed or agreed strongly that the knowledge they have gained from working with Community Connectors has benefited both the clients they work with and their practice.

- 100% of respondents agreed or agreed strongly that Community Connectors approach is beneficial in regards to their (care management teams) practice and clients long term.

- 100% of respondents reported that they would like to have a Community Connector based within their team.

3.16 A comment from a care management staff member:
'I feel that our Community Connector is helpful and approachable and the information provided is useful. I think that Social Workers need to make it an integral part of everyday practice.'

Learning and next steps

3.17 The learning from the pilot has provided a valuable foundation when looking at the future development of adult social care in Halton. It identified potential challenges, such as learning needs, cultural and system changes. It also identified that there is a great deal going on the communities of Halton that care management could connect people to, to meet needs, in a systematic way rather than ad hoc.

3.18 Taking into account the recommendations from the Chief Social Worker's annual report in promoting self-solution, utilising community assets and prevention work, in line with the Care Act, it would be a sensible step to incorporate elements of the approach in mainstream social work in Halton.

3.19 In particular, the elements that are being considered to be greater incorporated into social work practice are;

- A renewed focus on how we engage and listen and have different conversations about what people's strengths and needs are and how they can be met. - Emphasising a conversational approach to build a strengths based assessment.
- Social workers building greater local, community specific knowledge about environmental, social and community assets that could better meet people's needs – and how to

connect people to them.

- Considering local assets first, rather than last, in the support plan development – This could prevent the need for costly packages of care, where needs can be met from existing support in the community.

3.20 Indeed, the learning from the pilot was applied during World Social Work day 2019. A week of opportunities were arranged for care management teams in Haton to engage with the community assets, understand their offer and how to connect with them – to better inform their practice when working with individuals. This was well received amongst the care management teams.

3.21 The community assets based approach fits neatly with the 'place based care and support' model that Halton is working towards. This model will look to help people improve their lives with less reliance on statutory services through understanding what is available within their communities, and coordinate health and social care support, where required, around geographical hubs.

4.0 POLICY IMPLICATIONS

4.1 Developing strengths /asset based approaches in Halton responds to the Chief Social Worker's call to action about strengths based social work.

4.2 The Care Act 2014 requires local authorities to 'consider the person's own strengths and capabilities, and what support might be available from their wider support network or within the community to help' in considering 'what else other than the provision of care and support might assist the person in meeting the outcomes they want to achieve'.

4.3 In order to do this the assessor 'should lead to an approach that looks at a person's life holistically, considering their needs in the context of their skills, ambitions, and priorities'.

4.4 Under the Care Act, local authorities should identify the individual's strengths – personal, community and social networks – and maximise those strengths to enable them to achieve their desired outcomes, thereby meeting their needs and improving or maintaining their wellbeing.

4.5 There are a number of trusted sources providing an evidence base and tools to develop an asset/strengths based approach to social care, including resources from Social Care Institute of Excellence (SCIE)

4.6 Whilst a shift towards 'strengths and assets' approach, rather than 'deficit and need', will require a culture shift amongst social care

teams, it follows a growing evidence base that this is a positive direction for tackling the challenges of demand management in adult social care whilst helping people achieve their desired outcomes.

5.0 OTHER/FINANCIAL IMPLICATIONS

5.1 There is a difficulty in identifying explicit cost savings/cost avoidance for preventative work undertaken by the Community Connectors, based on indicative tariffs for service elements and assumptions that people would have gone on to access statutory/formal services without the preventative intervention. However, it is realistic to assume that where people have received information and support at an earlier stage and been supported to achieve person centred self-solutions, without the need for statutory services, that a cost avoidance has potentially been made.

6.0 IMPLICATIONS FOR THE COUNCIL'S PRIORITIES

6.1 Children & Young People in Halton

None identified.

6.2 Employment, Learning & Skills in Halton

None identified.

6.3 A Healthy Halton

The implementation of a strengths based approach within the care and support system requires cultural and organisational commitment beyond frontline practice.

6.4 A Safer Halton

None Identified.

6.5 Halton's Urban Renewal

None Identified.

7.0 RISK ANALYSIS

7.1 None identified.

8.0 EQUALITY AND DIVERSITY ISSUES

8.1 None identified.

9.0 **LIST OF BACKGROUND PAPERS UNDER SECTION 100D OF THE LOCAL GOVERNMENT ACT 1972**

9.1 There are no background papers under the meaning of the Act.